



Request for Service Credit Cost Information — Layoff, Prior Service & Optional Member Service

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 1

About You

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

Retirement Date (mm/dd/yyyy)

Former Name (if applicable)

Current Employer

Mailing Address

City

State

ZIP Code

Daytime Phone

Section 2

Employment Information

List information about your employer at the time of your layoff, prior service, or optional member service.

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Section 3

Certification

Give this form to your employer at the time of your layoff, prior service, or optional member service for completion of Sections 4, 5, and 6 before returning to CalPERS.

I hereby certify that the above information is true and correct.

Member Signature

Date (mm/dd/yyyy)

This form continues on page 2.

Put your name and Social Security number at the top of every page.

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 4

Employer Certification (to be completed by former employer)

For Layoff, list the dates the member was laid off work.

Member Layoff History

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

For Prior Service, complete the detailed history for the employment dates and time worked. Remember, to be eligible the employment period must be prior to your CalPERS contract date.

Member Prior Service History

Did your agency have a local retirement system (prior to CalPERS contract)? ☐ No ☐ Yes

Was this member a participant of the local retirement system? ☐ No ☐ Yes

Did the member withdraw these funds? ☐ No ☐ Yes

Service Time

Amount Withdrawn

Withdrawal Date

Plan Type: ☐ Defined Benefit ☐ Defined Contribution

Optional Member Service

For Optional Member Service, complete the questions on the optional period, as well as the detailed history.

Was this position filled by an election or appointment to a fixed term of office? ☐ Election ☐ Appointment

Position Title

Was compensation paid considered a salary? (Expense reimbursement is not a salary.) ☐ No ☐ Yes

Section 5

Member Employment History

Be sure to include employment dates, pay rate, time worked, and earnings for the optional period.

Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings
Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings
Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings
Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings
Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings
Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings

Section 6

Statement & Signature of Personnel or Payroll Officer

If the service was performed for the State of California or California State University, employer certification is not required.

I hereby certify that the above information is true and correct.

Employer Signature

Title

Date (mm/dd/yyyy)

Printed Name

Daytime Phone

FAX

Employer: Please return the completed form to the member.

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000